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Upper
Falls

Puro
Canyon

GOU11230

Globe Life And Accident Insurance Company Oklahoma City, Oklahoma

PLEASE PRINT

APPLICATION FOR MODIFIED WHOLE LIFE INSURANCE FOR \$5,000 ☐ OR FOR \$10,000 ☒ (✓ ONE)

1. Person To Be Insured _____
First Name Middle Name Last Name
2. Male ☐ Female ☐ 3. Date of Birth _____ 4. Age _____
Mo Day Year
5. Mail Policy and Premium Notice To: Name _____
First Name Middle Name Last Name
Address _____
Street and Number City State Zip Tel. No. _____
Area Code - Number
6. Name of Beneficiary _____ Relationship _____
(May be changed by notification)
7. To the best of your knowledge and belief: (a) Is the Proposed Insured in good health? Yes ☐ No ☐
(b) In the past two years, has the Proposed Insured had or been told he or she had an immune deficiency disorder,
Acquired Immune Deficiency Syndrome, Acquired Immune Deficiency Syndrome related complex or
test results indicating exposure to the Acquired Immune Deficiency Syndrome virus? Yes ☐ No ☐
If 7(a) is answered NO or if 7(b) is answered YES, the Proposed Insured is not eligible for this coverage.
8. Will you replace or change any of your Life Insurance policies or annuity contracts in connection with this application?
If yes, list company name: _____ Yes ☐ No ☐

I am enclosing the initial premium and understand that the insurance applied for will become effective on the date this application is approved in the Home Office of the Globe Life And Accident Insurance Company. Should the application be declined, the amount paid will be refunded.

Date _____ Signature _____ Relationship to Proposed Insured _____ (MOD-26) 4655



La Rella Provost



Doren D. Boyden

Picture taken when we got married 21 Nov. 1928



Doren and La Reila

Doren's 30 year picture of his service with Mountain Bell Telephone



La Rella & Doren
Picture taken for
our mission in
Texas 1967,68,69

